

**Erie County Department of Social Services**  
**95 Franklin Street – Buffalo, New YORK 14202**

**Child Care – Payment Questionnaire**

**Client Name**

**Case #** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**I m p o r t a n t**

- ✓ **You and your child care provider must complete and sign this Questionnaire.**
- ✓ **A separate Questionnaire must be completed for each child care provider.**
- ✓ **A new Questionnaire must be completed and included with each Recertification.**
- ✓ **A new Questionnaire must be completed if you change child care providers.**
- ✓ **A new Questionnaire must be completed if your hours of employment change.**
- ✓ **A new Questionnaire must be completed if your household composition changes.**
- ✓ **A new Questionnaire must be completed if the cost of your child care changes.**

**To be completed by Center/Provider**

**Provider Name SS # / Tax ID #**

**Facility Name VENDOR #**

**Address License #**

**Phone #**

Are you in receipt of Financial Assistance? YES NO

If **YES**, enter your Case #

**Provider's Signature Date**

Return to:

**Caseworker/Examiner Unit / Worker #** \_\_\_\_\_

**Phone # 858-**\_\_\_\_\_

B-3923 (Rev. 4/13) Front

**1. I. PARENT: COMPLETE PLACE OF EMPLOYMENT/TRAINING:**

\_\_\_\_\_

**COMPLETE DAILY WORK/TRAINING SCHEDULE (e.g. 9am-5pm)**

S	M	T	W	TH	F	SAT.

**1. II. PROVIDER: COMPLETE FOR EACH CHILD IN CARE**

	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
Child's Name					
Child's DOB					
Child's school schedule (e.g. 9:00 am - 3:00 pm)					
Date child started in care					
Hours in care per day					
Circle days in care per week	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su	M T W Th F S Su
Hourly cost of					

day care							
Daily cost of day care							
Weekly cost of day care							
AGENCY USE ONLY							
PAYMENT TYPE		III ENTER A ( 4) TO INDICATE THE CURRENT CHILD CARE ARRANGEMENT FOR EACH CHILD					
FULL TIME	PART TIME	CURRENT CHILD CARE ARRANGEMENT	CHILD 1	CHILD 2	CHILD 3	CHILD 4	CHILD 5
37	38	Day Care Center					
34	36	Group Family Day Care Provider					
32	33	Family Day Care Provider					
R8	R6	School Age Child Care Program					
R0	R1	Watched in Your Home by a Relative					
30	31	Watched in Your Home by a Non-Relative					
R2	R3	Watched in a Relative's Home					
R4	R5	Watched in a Non-Relative's Home					

**NOTE: Payments will be based on the actual number of hours employed, plus a reasonable travel time allowance.**

**THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

**CLIENT'S SIGNATURE DATE PROVIDER'S SIGNATURE DATE**